

# American Optometric Association NEWS

Volume 48

September 21, 2009

No. 4



**Arizona Optometric Association coordinator Cheryl Schmitt, O.D., assesses the eye health of a veteran at the VFW meeting held last month in Phoenix.**

## ODs assess hundreds at VFW convention

The AOA partnered with the Arizona Optometric Association (AZOA) to provide nearly 300 eye health and vision assessments to America's veterans and auxiliary members at the Veterans of Foreign Wars (VFW) National Convention Aug. 15-20 in Phoenix, Ariz.

The VFW represents the largest gathering of veterans each year.

President Barack Obama addressed the attendees who consisted mainly of Vietnam-era veterans. President Obama said "he was honored and humbled to stand before you as commander-in-chief of the finest military the world has ever known."

During the 110th national convention, members of the AOA's Professional Relations Committee teamed up with AZOA volunteer optometrists to assess veterans for eye health and vision problems during the four-day health fair.

*See VFW, page 6*

## Certified eye care EHRs likely in 2010, just in time for financial incentives

**W**ith new financial incentives and electronic health record (EHR) programs for eye care practices coming in the not-too-distant future, 2010 is shaping up to be the year optometrists begin widely implementing health information technology (HIT), according to the AOA Advocacy Group.

And with the threat of payment penalties and

tougher implementation criteria looming thereafter, the sooner practitioners begin using EHRs the better, according to Philip J. Gross, O.D., chair of the AOA Health Information Technology and Telemedicine Committee (AOA-HITTC).

The American Recovery and Reinvestment Act (known as ARRA or simply the "stimulus bill"), passed

by Congress earlier this year, authorizes financial incentives for health care practitioners who use EHRs beginning in 2011. The greatest incentives will be offered during 2011 and 2012, with rewards tapering off thereafter, Dr. Gross noted.

Eye care EHRs, acceptable for use under the ARRA incentive program, could

*See EHRs, page 6*

## AOA signs collaborative board certification MOU

**T**he AOA is pleased to announce a joint Memorandum of Understanding (MOU) has been entered into by the American Academy of Optometry (AAO), the American Optometric Student Association (AOSA), the Association of Schools and Colleges of Optometry

(ASCO) and the AOA regarding the formation and organization of the American Board of Optometry (ABO).

On June 26, 2009, at the annual meeting of the AOA, members of the AOA House of Delegates voted in favor of establishing the ABO as the entity to develop and implement the framework for opto-

metric board certification and maintenance of certification for optometry.

To this end, the AOA and other organizations in the optometric field have studied and worked on the creation of the ABO, which will establish and implement a process for board certification of

*See MOU, page 24*



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### President's Column Strength in unity



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### Spotlight on AOA Members Wis. OD develops out-of-this-world invention



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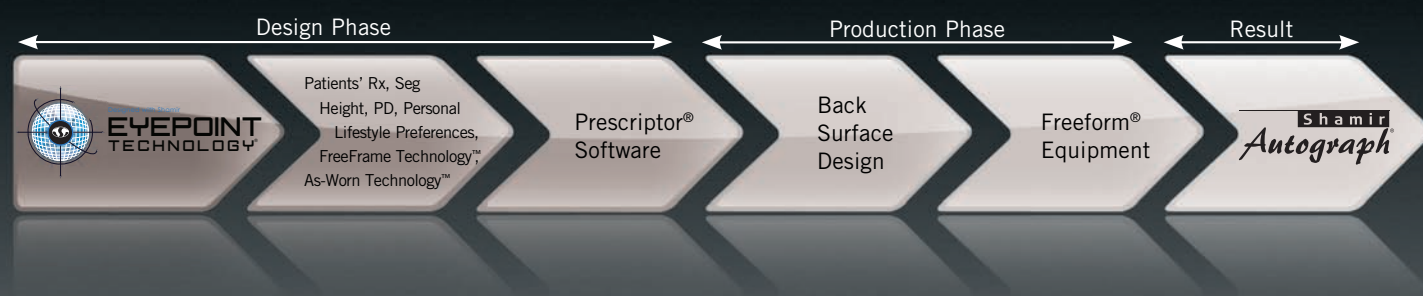
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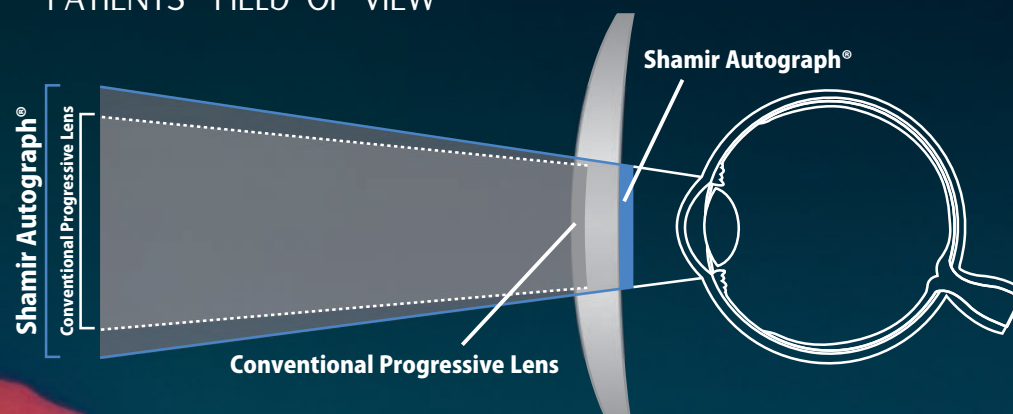
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## PRESIDENT'S COLUMN

# Strength in unity

As I am writing this, I am returning from the Vermont Optometric Association (VOA) annual meeting on the shores of beautiful Lake Champlain.

When VOA President Brian Mawhinney, O.D., told me that it was the first visit in recent memory by a sitting AOA president, I could not help but think how every state is critical to the success of the AOA and the efforts that we collectively make on behalf of the profession.

I had an opportunity to address both the membership of the VOA at a members-only luncheon and to update optometrists on the ongoing AOA advocacy activities we undertake in order to ensure patient access to the care provided by optometrists across Vermont and across the country.

I was also able to speak at a more open forum to a larger group that included nonmembers and guests on the value of membership in our national association.

In Vermont, as in many other rural states, membership as a percentage of total ODs is high and greatly exceeds the national average.

Most of the ODs at the meeting were, or had been, officers in the Vermont Optometric Association.

In Vermont, the current president serves as the executive director, adding to the commitment that these doctors make to our profession.

The optometrists in Vermont have a sense of collegiality and genuine friendship as well as a tremendous

spirit of volunteerism.

You can watch a video clip of a brief conversation I had with Dr. Mawhinney and Vermont's president-elect, Dr. Karena Shippee, on the AOA's YouTube channel, [www.youtube.com/aoaweb](http://www.youtube.com/aoaweb).

The direct link is <http://www.youtube.com/watch?v=nQ9rbr07f-w>.

The VOA meeting reminded me of my practice and how, as every optometrist is important to the success of our state associations, each and every patient has been

Optometric Physicians in a few weeks.

Mike and I both know that each patient whom we see is precious and adds to our productivity and the overall success of our practice.

In the same way, each and every optometrist is precious to the success of AOA and our state associations and to our advocacy efforts on the state and national level.

This is a time when we need the resources and support of every single OD to help ensure that health care

*And our message is clear:  
True health care reform must  
reduce costs, promote  
consumer choice and include  
the pro-patient safeguards that  
we support.*

integral to the success of my office over the 32 years since starting out cold in suburban/rural northwestern New Jersey.

These days I spend less time in my office. I was asked in Vermont, as I am asked in many states, if being an AOA trustee or president is a full-time job. Some days it feels like it, but this year I see patients 25 hours per week -- mostly toward the beginning of the week because travel for the AOA usually starts on Wednesdays or Thursdays.

I will have the pleasure of installing my partner, Mike Siegel, O.D., as the president of the New Jersey Society of

reform includes unfettered access to optometry.

Over the next year, you will continue to receive calls to action by direct e-mail from me and other AOA volunteers.

Whether you are asked to call a member of Congress, attend a town meeting, send a letter or write a check to AOA-PAC, your personal involvement is key to getting our message heard in Washington.

And our message is clear: True health care reform must reduce costs, promote consumer choice and include the pro-patient safeguards that we support. We've got to



Dr. Brooks

ensure that insurers can't discriminate against health care providers.

This is a time when the AOA and state optometric associations need our members as much as our members need our affiliates and national organization.

Every single AOA member must also be a member of an affiliate association.

You cannot be an AOA member unless you are a member of an affiliate as well.

In the same way, AOA bylaws, passed unanimously by the AOA House of Delegates five years ago, do not allow for members to be members of an affiliate without also being members of the AOA.

Our strength is in our unity; our power to thrive in this complicated and dynamic health care environment is completely dependent on a dedicated and unified membership. I am happy to report that spirit is alive and well in Vermont.

American Optometric Association News (ISSN: 0094-9620) is published 18 times per year by Elsevier Inc., 360 Park Avenue South, New York, NY 10010. Months of issue are once monthly in January, June, July, August, November, and December and twice monthly in February, March, April, May, September and October.  
Business Office: 11830 Westline Industrial Drive, St. Louis, MO 63146.  
Editorial Office: 243 N. Lindbergh Blvd., St. Louis, MO 63141.  
Accounting and Circulation Offices: 6277 Sea Harbor Drive, Orlando, FL 32887-4800.  
Domestic subscriptions: \$123. International subscriptions: \$171.  
Customer service: 800-654-2452 (US and Canada) or 407-363-9661 (other countries).  
Periodicals postage paid at New York, NY, and at additional mailing offices.  
POSTMASTER: Send address changes to American Optometric Association News, Elsevier Periodicals Department, 6277 Sea Harbor Drive, Orlando, FL 32887-4800.



# CDC offers health care guidance during erythromycin ophthalmic ointment shortage

In an Aug. 31, "Dear Colleague" letter, the Centers for Disease Control and Prevention (CDC) updated health care professionals on the status of supplies of erythromycin (0.5%) ophthalmic ointment and offered several courses of action.

In the letter, John M. Douglas Jr., M.D., director of the Division of STD Prevention, notes that the "CDC has recently received

CDC. "Bausch & Lomb also manufactures erythromycin ophthalmic ointment and is working to increase production during this period of drug shortage."

The FDA's Drug Shortages Web site ([www.fda.gov/Drugs/DrugSafety/DrugShortages/](http://www.fda.gov/Drugs/DrugSafety/DrugShortages/)) has information regarding availability of erythromycin ophthalmic ointment and will be updated as new information

prophylaxis of ophthalmia neonatorum; the recommendation is made on the basis of available data on pharmacology and gonococcal microbiologic sensitivity.

b. AzaSite® is not FDA approved for this indication.

c. The recommended dose is one or two drops placed in the conjunctival sac of each eye, taking care to not touch the applicator tip to the infant. Because this is a solution rather than an ointment, it is important to assure that drops are placed properly. Consider a two-person administration approach— one to hold the eye lids open and the other to administer the medication.

d. Use is recommended whether the infant is delivered vaginally or by cesarean section.

6. The following are acceptable alternatives if neither AzaSite® (Azithromycin Ophthalmic Solution 1%, Inspire Pharmaceuticals) nor Erythromycin Ophthalmic Ointment (0.5%) is available:

❖ Gentak® (Gentamicin Ophthalmic Ointment 0.3%, Akorn) or  
❖ Tobrex® (Tobramycin Ophthalmic Ointment 0.3%, Alcon Laboratories).

If none of these preparations are available, a fluoroquinolone ophthalmic ointment: Ciloxan® (Ciprofloxacin Ophthalmic Ointment 0.3%, Alcon Laboratories) can be used, but this is a less suitable alternative given data on possible gonococcal antimicrobial resistance.

7. Betadine (povidone iodine) is not recommended.

8. Because efficacy data are not available for any of the suggested alternate regimens, providers should be alert to the possibility of failure of prophylaxis;

a. Providers are strongly encouraged to fol-

low the American Academy of Pediatrics recommendation that infants be seen for their first postnatal office visit 48-72 hours post discharge from the hospital. (*Pediatrics*, December 2007), and to examine closely for ophthalmia neonatorum.

b. Testing for *N. gonorrhoeae* should be included for all infants who present with ophthalmia neonatorum and reports of prophylaxis failure sent to local health departments and to the CDC.

9. An alternative or additional approach is to test the mother for gonorrhea and chlamydia prior to delivery, with prompt follow-up.

The 2006 STD Treatment Guidelines outline recommended prophylactic treatment for infants whose mothers have gonococcal infection and for management of infants born to mothers who have untreated Chlamydia.

Empiric treatment is

recommended for infants exposed to gonorrhea, while monitoring for development of symptoms prior to initiating treatment is recommended for infants exposed to Chlamydia. Screening mothers will allow providers to identify infants with known exposure ([www.cdc.gov/std/treatment](http://www.cdc.gov/std/treatment)).

10. The CDC point of contact for these recommendations is Dr. Roxanne Barrow ([RBarrow@cdc.gov](mailto:RBarrow@cdc.gov)). Contact the FDA drug shortage team at [drugshortages@fda.hhs.gov](mailto:drugshortages@fda.hhs.gov) with additional inquiries about the shortage.

In the meantime, in circumstances where a recommended regimen is not available, mothers should be tested for Chlamydia and gonorrhea prior to delivery, and results obtained as soon as possible.

The 2006 STD Treatment Guidelines are available by visiting <http://www.cdc.gov/std/treatment>.

*The U.S. Food and Drug Administration is aware of the shortage and is working with the pharmaceutical companies to increase the supply of this product for neonatal prophylaxis use.*

reports of a shortage of erythromycin (0.5%) ophthalmic ointment.

Erythromycin ophthalmic ointment is the recommended prophylaxis for ophthalmia neonatorum. Tetracycline ophthalmic ointment (1%) is also recommended for prophylaxis for ophthalmia neonatorum but is no longer marketed in the United States. Silver nitrate (1%), which was a recommended regimen in the 2002 STD Treatment Guidelines, is not available in the United States."

According to the letter, the U.S. Food and Drug Administration (FDA) is aware of the shortage and is working with the pharmaceutical companies to increase the supply of this product for neonatal prophylaxis use.

"The shortage is due to a change in manufacturers. Fera Pharmaceuticals recently acquired the rights to the product and are actively working to make erythromycin ophthalmic ointment available," according to the

becomes available.

To secure supplies, the CDC recommends the following over the next several weeks:

1. Review your supplies of erythromycin ophthalmic ointment (0.5%) routinely.

2. Reserve current supplies of erythromycin ophthalmic ointment (0.5%) for neonatal prophylaxis use.

3. For normal replacement supplies, contact your wholesale distributor directly.


4. For severely low supplies (i.e., depletion within a week), contact your wholesale distributor or call Bausch & Lomb customer service at 800-323-0000 directly.

5. CDC experts indicate that AzaSite® (Azithromycin Ophthalmic Solution 1%, Inspire Pharmaceuticals) is an acceptable substitute, if erythromycin ophthalmic ointment (0.5%) is not available. This advice is offered with the following caveats and reminders:

a. There are no clinical data on efficacy for the


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become available early in 2010, under an initiative announced this month by a key certification body.

In addition to using federally recognized EHR software, health care practitioners will have to meet utilization criteria to qualify for the incentives, Dr. Gross notes.

However those utilization standards will be lowest during the first two years of the program, increasing in 2013 and again in 2015.

That means practitioners who implement EHRs during the first two years of the program will not only find it easier to integrate the electronic records into day-to-day practice, but will reap the greatest financial rewards for doing so, Dr. Gross noted.

As the incentive program winds down, Medicare will begin imposing penalties on practitioners who do not utilize EHRs by reducing reimbursements beginning in 2015.

"It won't be a large penalty, but most optometrists probably want to avoid any reduction in payments," Dr. Gross said.

EHRs will not be mandated for every doctor, Dr. Gross emphasizes. "But

National Health Information Network (NHIN), which is slated to become operational in 2014, EHRs must be certified by the Certification Commission for Health Information Technology (CCHIT).

Over the past two years, the commission has set certification standards for several types of EHRs. However, the commission has not been planning on certifying any eye care EHRs before 2011.

At the urging of the AOA and ophthalmology groups, commission officials recently indicated they might push eye care EHR certification forward to mid-2010.

In addition, the commission on Sept. 8 launched a new dual-track certification program under which its established CCHIT certifications will be offered along with new "ARRA-specific" certifications designed to more quickly provide health care practitioners with EHRs that will meet the requirements for the federal incentives.

The ARRA certifications will be used mostly for records that do not fall into one of the commission's established EHR classifications.

*Practitioners who implement EHRs during the first two years of the program will not only find it easier to integrate the electronic records into day-to-day practice, but will reap the greatest financial rewards for doing so.*

doctors who want to take advantage of the incentive payments will want to meet the requirements," he observes.

Lack of certified software programs has been a major obstacle to EHR implementation in optometric practices, the AOA Advocacy Group notes.

In order to be used with the government's planned

The AOA Advocacy Group is urging the commission to include eye care when it announces additional CCHIT certifications in June 2010.

However, even if it does not, eye care EHRs could probably be approved using the ARRA criteria, the AOA Advocacy Group staff says.

Either way, certified eye care EHRs could be on the



**From left, John Wasylik, O.D., past national commander of the VFW, Neha Amin, O.D., president of the AZOA, and Coby Ramsey, O.D., member of the AOA Professional Relations Committee, meet at the annual VFW convention.**

This is the sixth year the AOA has partnered with a state association to provide this essential outreach effort that demonstrates the importance of regular comprehensive eye care to generations of aging veterans.

AOA President Randolph Brooks, O.D., credited many optometrists who volunteered to help make the VFW health fair a great success.

In particular, he noted Cheryl Schmitt, O.D., whose leadership in recruiting

Arizona optometrists ensured that America's heroes continue to receive the eye and vision care services they deserve.

Next year's VFW annual convention will be in Indianapolis, Ind.

market in the coming months, the AOA Advocacy Group notes.

The AOA does not recommend specific EHR programs but will offer updated guidance for association members on how to choose an EHR product (see the AOA Web site Health Information Technology page at [www.aoa.org/HIT.xml](http://www.aoa.org/HIT.xml)).

The CCHIT is scheduled to publish CCHIT and ARRA certification criteria, as well as guidelines (known as "test scripts") for software vendors on Sept. 24.

On Oct. 7, CCHIT staff will begin accepting applications for certification under both programs. They expect certification of EHRs to take 90 days.

In spring 2010, the CCHIT will update its certification requirements to

match an expected final rule from the U.S. Centers for Medicare & Medicaid Services (CMS).

Any EHR products that have already been certified will be re-tested to make sure they comply with the final CMS rule.

CCHIT anticipates that both of its certification tracks will meet ARRA requirements.

Both CCHIT and ARRA certifications will expire at the end of 2012. New EHR certification standards, scheduled for release in 2013, are expected to be more stringent, the AOA Advocacy Group staff says.

The Department of Health & Human Services has yet to specify the utilization criteria required for incentives under the stimulus bill, saying only that "meaningful use" of EHRs will be

necessary and the level of required EHR use will increase with time.

Whatever level of EHR use is required, health care practitioners will have an easier time achieving it if they begin integrating electronic records into practice as quickly as possible, Dr. Gross said.

"It takes some time for practitioners and staff to install EHR programs and then learn how to use them efficiently in practice," Dr. Gross notes.

CCHIT officials acknowledged last month that if health care practitioners do not obtain, install, implement, and successfully use EHRs by mid-2010, it will probably be too late to improve patient care through EHR use – and thereby qualify for the federal incentives – in 2011.



**Dr. Jennifer Planitz**  
**Optometrist**  
**Explorer**  
**Luxottica Partner**

**Jennifer Planitz** loves trekking in the rugged New Mexico landscape. When she is not trekking, or teaching jazzercise, or contributing an article to a professional journal, Dr. Planitz and her husband run one of New Mexico's busiest optometry practices. Rio Eyecare Vision Source in Rio Rancho, NM has a staff of 12 and offers a specialty in pediatric optometry. She cares a great deal about her patients, her dedicated team and the partners she chooses.

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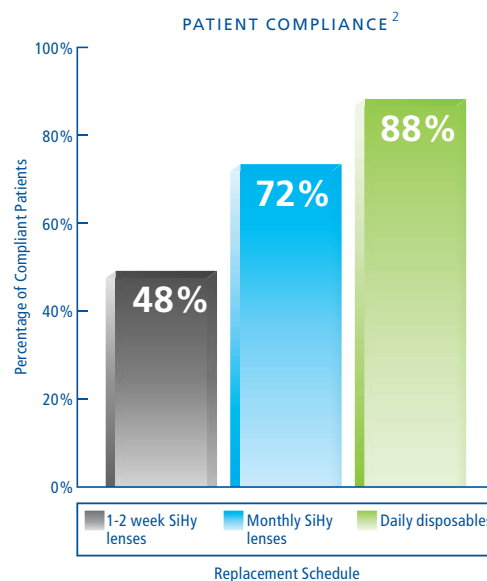
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# As Congress returns, ODs fight to protect patient choice, access to care

Congress returns to Washington, D.C., this month, and consideration of sweeping health care reform legislation remains a top priority.

In the coming weeks, lawmakers are expected to merge competing health care overhaul proposals with the goal of final consideration of far-reaching legislation later this year.

The AOA has been largely successful in winning inclusion of optometry-specific provisions and working to ensure that ODs and patients are treated fairly in any health care reform bill that advances in Congress.

However, health insurers, organized medicine and other well-funded anti-optometry special interests are now attempting to gain new controls over patient access to care.

Doctors, optometry students, paraoptometrics and

patients nationwide are growing increasingly concerned that the U.S. House version of health care reform (H.R.

need of a range of essential health care services, including the medical eye care provided by doctors of optome-

*The AOA has been largely successful in winning inclusion of optometry-specific provisions and working to ensure that ODs and patients are treated fairly in any health care reform bill that advances in Congress.*

3200) would actually preempt state patient choice/provider non-discrimination laws and allow health insurers to once again restrict access to the care provided by optometrists and other non-MD providers.

It's taken the enactment of legislation in virtually every state to force health plans to stop restricting access to care for patients in

try.

In the past, Congress has also recognized that health plans harm patients when they discriminate on the basis of licensure and included a specific provider non-discrimination safeguard in Medicare Part C.

To address this concern, Rep. Mike Ross (D-Ark.), a pro-optometry leader in Congress and leading mem-

ber of the influential U.S. House Committee on Energy and Commerce, has sponsored a critical amendment that seeks to ensure the House health reform bill will not preempt state patient choice/provider non-discrimination laws.

The House Committee on Energy and Commerce will soon vote on the AOA-backed Ross Access to Care Amendment, and the outcome of that vote remains uncertain.

AOA members are urged to visit [www.aoa.org/impact/washingtondc](http://www.aoa.org/impact/washingtondc) to learn more and to contact their U.S. House representative in support of the Ross Access to Care Amendment.

At the request of the AOA, Reps. Bruce Braley (D-Iowa) and Martin Heinrich (D-N.M.) are also circulating a "sign-on" letter in support of the Ross Amendment that will be sent to House Speaker

Nancy Pelosi (D-Calif.).

The purpose of the sign-on letter is to demonstrate to congressional leaders the depth of support for addressing optometry's concerns about the anti-patient practices of the health insurance industry.

The number of congressional co-signers on the Braley-Heinrich letter will be a factor in determining whether or not the Ross Amendment will have sufficient support to be approved.

AOA members are also urged to contact their U.S. House representative and ask that they sign the Braley-Heinrich letter.

For more information, contact Lauren Finkelstein, AOA grassroots strategist, at 800-365-2219, ext. 1378 or [lfinkelstein@aoa.org](mailto:lfinkelstein@aoa.org) or Jon Hymes, AOA Washington office director, at 800-365-2219, ext. 1371 or [jfhymes@aoa.org](mailto:jfhymes@aoa.org).



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### S.C. ODs welcome Majority Whip Clyburn



The South Carolina Optometric Association teamed up with AOA-PAC and the Federal Legislative Action and Keyperson (FLAK) committee on Aug. 29 to welcome U.S. House Majority Whip Rep. James E. Clyburn (center), a pro-optometry leader in Congress and a major player in ongoing health care reform debate. Hosting the OD-only event, John Mason, O.D., left, and Kate Mason, O.D., right, along with James Vaught, O.D., and Jerald Combs, O.D., FLAK chair, were joined by nearly 70 of their colleagues from South Carolina, Florida and Georgia.

## AOA gains national platform for optometry's priorities in health care reform

*"When the insurance industry limits patients' access to whole categories of licensed health care professionals, then patients' choice and access to quality care are limited and costs rise."*

Randolph E. Brooks, O.D.,  
AOA president

The AOA has made patient access to optometric care a top priority as Congress has been considering plans to overhaul the health care system, and is aggressively pushing for new legislative safeguards to block organized medicine and the insurance and managed care industries from restricting access to care.

Last month, as part of the AOA's active efforts to impact the national dialog as

*"When the insurance industry limits patients' access to whole categories of licensed health care professionals, then patients' choice and access to quality care are limited and costs rise."*  
- Randolph E. Brooks, O.D.,  
AOA president

President Obama and members of Congress were holding town hall meetings across the country, an audio news release was distributed to radio stations nationally.

The AOA Communications Group reported it was successfully picked up by the ABC Radio Network and

other news outlets with tens of millions of listeners.

In case you missed it, follow <http://www.aoa.org/media/anr-aug-09.mp3> and share it with your patients, colleagues and friends.

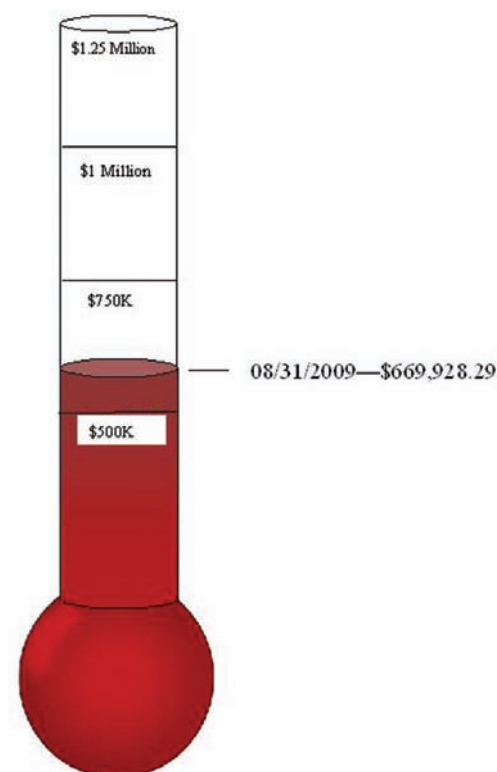
For further information, contact the AOA Washington office at 800-365-2219.

### Eyes on the PAC

AOA-PAC  
contributions reach \$669,928.29  
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\$1.25 million.

AOA-PAC 2009  
"Eyes on the PAC"  
Jan 1, 2009 – Dec 31, 2009

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AOA PAC

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# Study: ODs can improve TBI patients' posture, balance

**B**rain injury patients often suffer stigmatizing and potentially dangerous posture and balance problems. A new study in the neurological journal *Brain Injury* demonstrates that such patients can often be effectively rehabilitated by optometrists through the use of yoked prisms.

The study provides the latest evidence of an important role for optometrists in the growing field of neurological rehabilitation, according to lead author William V. Padula, O.D.

It also suggests general practice optometrists may be increasingly called on to prescribe or refer patients for yoked lenses and similar devices, Dr. Padula said.

Demand for neuro-optometric rehabilitation services is generally expected to grow over the coming years as the result of an aging population, which will be increasingly subject to potentially sight-disrupting neurological problems such as strokes, as well as returning Middle East war veterans with traumatic brain injuries (TBIs), Dr. Padula adds.

Dr. Padula is among several optometrists who have contributed peer-reviewed clinical papers to neurological publications over recent months detailing the importance of neuro-optometric rehabilitation.

Working with an international team of researchers from Dartmouth College, the Pennsylvania College of Optometry (PCO) at Salus University and Middlesex Community College, Dr. Padula found that, following a cerebrovascular accident (CVA), patients often experience a shift of perceived ego-center. The study terms the phenomenon "visual midline shift syndrome (VMSS)."

VMSS helps explain the tendency of brain injury patients to lean toward one side or the other, Dr. Padula said.

"Following a cerebrovascular accident, individuals initially tend to lean toward

the side of the hemiparesis," Dr. Padula explained.

Over the long term, some patients will begin to lean away from the affected side in compensation – a condition known as Pusher Syndrome. Others will continue to lean toward the side with the injury.

"The new research indicates that both of these problems are caused by visual midline shift syndrome," Dr. Padula said.

The study demonstrates that TBI patients affected by YMSS can be rehabilitated through the use of yoked prisms, he adds.

Yoked lenses have long been used to help accommodate for visual field loss. However, the new research indicates an entirely new use for the lenses, Dr. Padula notes.

"The research shows that such prisms can also be used to address mismatches between body image and perception of space, so that individuals feel more stable and secure when moving," Dr. Padula said.

"With the base positioned toward the affected side, there is a shift in the concept of the visual midline, which compensates for the distortion of mismatch between the vision and sensorimotor processes," Dr. Padula said. "This is not related to shift of the image in the prism but occurs through the ambient pre-conscious visual process."

Improvement in balance and posture was achieved in more than half of the brain injury patients in the study.

Within a week of the study's publication, Dr. Padula began receiving e-mails from researchers around the world.

"The significance of this research is that the balance and posture problems experienced by brain injury patients have been linked to a diagnosable optometric syndrome. No one has ever looked at it in this way before," Dr. Padula said.

"The even greater impli-

cation of this research is that by affecting posture and balance, optometrists can help prevent accidental falls. Falls are one of the most common causes of serious injury among both neurologically challenged and elderly indi-

health in the face of a chronic disease or injury," observed Michael Duenas, O.D., AOA associate director for health science and policy. "As an example, patients successfully treated with the procedures outlined in the article may

of visuo-spatial egocenter," appears in the June edition of *Brain Injury*.

Dr. Padula, an adjunct PCO professor, provides neuro-optometric rehabilitation care at his Padula Institute of Vision Rehabilitation in Guilford, Conn.

Working with him on the study were institute practitioners Christine Nelson, Ph.D., and Raquel Benabib, a psychologist, occupational therapist, and Certified Optometric Vision Therapist (COVT).

Also contributing to the study were William Padula, II, a biochemical engineer and doctoral student at the University of Colorado, and Taygan Yilmaz, MPH, both affiliated with the Dartmouth College Institute for Health Policy and Clinical Practice, along with Steven Krevisky, a mathematician associated with Middlesex Community College.

*"The significance of this research is that the balance and posture problems experienced by brain injury patients have been linked to a diagnosable optometric syndrome. No one has ever looked at it in this way before."*

viduals," Dr. Padula said.

"The study serves to demonstrate another important role optometrists play in providing tertiary rehabilitation and potential prevention in an effort to prevent the worsening of an individual's

have an improved ability to avoid chronic disease complications by being better able to adhere to non-sedentary prevention recommendations."

The article, "Modifying postural adaptation following a CVA through prismatic shift



## Artwork offers high-end patient education

To enhance patient care and education efforts, the AOA is introducing three new, striking components that complement the Eye Disease Awareness and Management program.

Digitally painted, museum-grade canvas gallery prints focused on glaucoma, macular degeneration and diabetic retinopathy are now available.

These large-format, 20-inch by 24-inch 'gallery-wrapped' prints feature important visual messages that create an AOA-member-branded collection to enhance patient counseling.

Prints arrive with hardware and are ready to hang with no framing costs.

The prints may be purchased individually or as a collection, depending on the needs of the office space.

The prints cost \$89 each.

Order item # GP-1: Gallery Print - Glaucoma

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Order item # GP-3: Gallery Print - Diabetic Retinopathy

To order, contact the AOA Order Department at 800-262-2210.





### Optometry represented at legislators' annual meeting

The annual meeting of the National Conference of State Legislatures (NCSL) was held July 20-24 in Philadelphia.

Hundreds of organizations and interest groups seeking a voice in the state legislative process are represented in the exhibit hall each year.

The interest areas of the exhibitors are as varied as the Aircraft Owners and Pilots Association and the Toy Industry Association.

Every health care professional association – including optometry – was represented in the exhibit hall as well.

Members of NCSL include state legislators, state legislature staff, and other state policy setting officials. Attendees select from dozens of educational programs and general sessions such as child welfare programs, energy and water rights, creation of green jobs, agriculture, state control over lending practices, voter registration reforms and, of course, health care reform.

Despite the downturn in the economy, the meeting was well-attended.

Representing optometry in the NCSL exhibit hall this year were AOA State Government Relations Center (SGRC) volunteers and staff John B. Whitlow, O.D., (Georgia) and Lee Ann Barrett, O.D., (Missouri) along with the Pennsylvania Optometric Association Executive Director Charles J. Stuckey, O.D., who drove over from the state capital to help out for a couple of days, and SGRC staff Sherry Cooper (not pictured).



**From left, AOA State Government Relations Center volunteers John B. Whitlow, O.D., (Georgia), Lee Ann Barrett, O.D., (Missouri) and Pennsylvania Optometric Association Executive Director Charles J. Stuckey, O.D.**

### AOA exhibits at ALEC

The American Legislative Exchange Council (ALEC) annual meeting was held in Atlanta July 14-17.

ALEC is the largest membership organization made up of generally conservative state legislators who support the Jeffersonian principles of limited government, free markets, and federalism.

Similar to the NCSL, legislators attend educational workshops and programs on a variety of current topics facing state legislatures and their struggling budgets.

Representing optometry in the ALEC exhibit hall this year were AOA State Government Relations Center volunteers and staff Gary W. Lasken, O.D., (Illinois) and John B. Whitlow, O.D., (Georgia) along with SGRC staff Sherry Cooper (not pictured).



**Shown are AOA State Government Relations Center volunteers Gary W. Lasken, O.D., (Illinois), left, and John B. Whitlow, O.D., (Georgia).**

### Optometrists urged to prepare for H1N1 flu

The U.S. Centers for Disease Control and Prevention (CDC) is urging the nation to prepare for a possible pandemic of H1N1 flu (often referred to as "swine flu") this fall. Optometric practices are no exception, according to Michael R. Duenas, O.D., the AOA's associate director for Health Sciences and Policy at the AOA Washington, D.C., office and a former CDC official.

Optometrists should be prepared to recognize symptoms of the disease and appropriately refer patients who may be suffering from the flu, Dr. Duenas said.

Signs and symptoms of infection with the novel H1N1 influenza are generally the same as for seasonal influenza: fever, cough, sore throat, runny or stuffy nose, non-purulent ocular discharge, headache, body aches (muscle aches or joint pain), chills and fatigue.

Some people have reported diarrhea and vomiting associated with novel H1N1 flu. Tests may include a nasal swab, which is best to do within the first four to five days of getting sick.

The novel H1N1 flu virus is sensitive to two antiviral drugs: zanamivir and oseltamivir. HIV-infected adults and adolescents who meet current case definitions for confirmed, probable or suspected infection with novel H1N1 flu should receive antiviral treatment. Treatment is most effective if started within 48 hours of symptom onset.

Optometrists often see patients considered to be at risk for the disease, including older adults, children and individuals with chronic diseases and potentially compromised immune systems.

Dr. Duenas notes that HIV-infected adults and adolescents with low CD4 cell counts or AIDS can experience more severe complications of seasonal influenza.

Additionally, Dr. Duenas notes that patients with diabetes and chronic cardiovascular disease are at increased risk of experiencing an acute exacerbation of disease during influenza epidemics.

Optometrists should be aware that influenza might produce increased numbers of cardiovascular events, including acute coronary events, heart failure, and stroke.

Optometrists should be recommending flu shots every year for these patients, Dr. Duenas said.

The best time to get one is between October and mid-November, before the flu season begins.

Optometrists should also take precautions to ensure H1N1 flu is not transmitted by patients or staff in the practice, Dr. Duenas said.

Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza, the CDC notes.

That means one of the best ways to prevent the spreading of the flu in an optometric office is simply instituting a policy that allows practitioners and staff to stay home if they believe they may have the flu.

The CDC recommends employees with flu-like illnesses be prepared to stay home for about a week and not return to work for at least 24 hours after any fever is gone.

*see H1N1, page 20*



# HEHP represented at national diabetes educators meeting

Representatives of the AOA Healthy Eyes Healthy People® (HEHP) program were among the 279 exhibitors at the 36th annual meeting of the American Association of Diabetes Educators (AADE).

More than 3,000 attendees gathered to learn about the latest in diabetes research and treatment at the national meeting Aug. 5-8 in Atlanta.

For 15 years, the AOA has supported the AADE by sponsoring a booth at the annual meeting.

The AOA booth, staffed with AOA member optometrists and AOA staff, provided educational materials to assist educators in better informing patients about the seriousness of diabetes-related eye disease.

This year, Daniel Bintz, O.D., past HEHP committee chair, and Uzma Zumbink, MPH, associate director of Public Health, represented the AOA.

AOA members and staff stressed that doctors of optometry can provide the majority of eye care for persons with diabetes and that these patients should be seen yearly for a dilated eye exam.

Again this year, in addition to the traditional brochures and tear sheets, the AOA offered a sample of educational materials on CD-ROM, which will allow educators to make additional copies for their patients.

"The CD has been such a hit that it will be completely new next year," said Zumbink. "We plan to add more printable information including digital images of the various stages of diabetes-related eye diseases and PowerPoint presentations that the educators can customize for their audience. Additionally, we will list links to trusted partner sites such as the CDC and the National Eye Institute. We also plan to add more background information on the AOA's other programs, such as InfantSEE® and VISION USA®. Of course information on the Healthy Eyes Healthy People® project, including the annual grant program that is funded jointly by VSP and Luxottica, will also be included on the CD."

Nearly 1,000 CDs were distributed at the four-day meeting.

"This is a great meeting, and one that I personally like to attend," said Dr. Bintz.

"Doctors of optometry should refer any patient with recently diagnosed diabetes to a certified diabetes educator. And those patients who have been diagnosed for several years could also benefit from a refresher course on diabetes care. In rural practices, I would encourage doctors to visit the AADE Web site and explore online options for patient education. If a CDE is not available, inquire if the nearest hospital dietician is



**From left, AOA Associate Director of Public Health Uzma Zumbink, MPH, speaks with attendees at the American Association of Diabetes Educators annual meeting held last month in Atlanta.**

interested in obtaining referrals from you."

The meeting also included daily keynote sessions on topics such as diabetes and cardiovascular disease and beta cell replacement.

Educators discussed H.R. 2425, the disease self-management training and education bill.

If passed, it would allow certified diabetes educators (CDEs) to bill Medicare and others for diabetes education training.

At the meeting, several new treatment options for diabetes, both types I and II, were introduced.

Medingo announced the Solo micropump tubeless insulin pump.

Similar to the OmniPod introduced last year, the small pump is attached to the body and is controlled with a personal digital assistant-size remote control device.

Pump manufacturers introduced new pumps that "talk" to blood glucose meters and continuous glucose monitors.

These "partially" closed loop systems still depend on some input from the user but allow for easier, faster, and more accurate modifications to the users' blood glucose levels.

Also on the electronic front was a large increase in

devices that relay information back to the physician's office computers.

Additionally, many makers of diabetes products are expanding their online patient education programs.

A new oral medication

"They are appreciative that we are present and are generally overwhelmed with the quality of our materials. We tripled the number of Vision Simulator Cards handed out last year. The card was developed by the Ohio Optometric

*"Doctors of optometry should refer any patient with recently diagnosed diabetes to a certified diabetes educator. And those patients who have been diagnosed for several years could also benefit from a refresher course on diabetes care. In rural practices, I would encourage doctors to visit the AADE Web site and explore online options for patient education."*

was also introduced. Onglyza (AstraZeneca and Bristol-Myers Squibb) is a dipeptidyl peptidase-4 inhibitor that stimulates the pancreas to create more insulin after meals.

"Diabetes educators always seem to be highly motivated to learn more about diabetes so they can share this information with their patients," said Dr. Bintz.

Association and funded partially by Optos®. People were begging for them on the last day after we ran out. The educators also loved the idea of having the CD to create handouts as needed."

Next year's AADE meeting will be Aug. 4-7 in San Antonio, Texas.

For more information, visit the AADE Web site at [www.diabeteseducator.org](http://www.diabeteseducator.org).



**Centers for Disease Control and Prevention Committee Management Specialist Norma Loner, left, meets with Daniel Bintz, O.D., past HEHP committee chair.**



# Portuguese university hosts international color vision symposium

The University of Minho in Braga, Portugal, hosted the 20th Symposium of the International Colour Vision Society (ICVS) in July.

The five-day program included presentations from 70 speakers and the display of 43 posters.

The presentations encompassed topics such as abnormal color vision, temporal aspects of color vision, vision in low-light levels, color vision and aging, color constancy, color vision and the statistics of natural scenes, S-cone function, genetics and pigments, color mechanisms, peripheral chromatic mechanisms, red-green deficiencies, color surfaces, textures, patterns and materials, and effects of color and luminance contrast.

Speakers were vision scientists from various disciplines, including physiologists, psychologists, physicists, engineers, geneticists, and clinicians, including optometrists and ophthalmologists.

A special issue of *Ophthalmic and Physiological Optics* will include manuscripts based on the oral presentations and posters.

"On the topic of color

vision testing, many studies employed the new generation computer-based color tests instead of the traditional pseudoisochromatic plate or color arrangement tests," said conference attendee David Y. Lee, O.D., Ph.D., professor of Optometry and Physiological Optics at the Illinois College of Optometry. "For example, both the Cambridge Colour Test and the Colour Assessment and Diagnosis (CAD) test present the stimuli on a computer monitor. With precise calibration, these tests can isolate and measure the color threshold along the protan, deutan, and tritan axes. They provide color vision deficient classification as well as quantification in a fairly short test time. These advantages perhaps are the reasons that many investigators prefer them for testing both congenital and disease-related color vision defects."

Speaker John Barbur, Ph.D., of City University, London, the main developer of the CAD test, said the test was developed in response to the FedEx plane crash in Florida in 2002.

The accident investigation suggested the current aviation color vision standard using the Farnsworth Lantern may not be adequate for test-



**The 2009 Verriest Medal was awarded to Gerald H. Jacobs, Ph.D., of the University of California in Santa Barbara. Dr. Jacobs is shown speaking at the Verriest Medal lecture.**

ing some conditions.

Both the U.S. Federal Aviation Administration and the United Kingdom Civil Aviation Authority provided funding for the test's development.

Prof. Barbur indicated the United Kingdom may introduce the new pass/fail limit in the next few months. (For more information, visit <http://www.city-occupation-al.co.uk/>.)

Another presenter, J. D. Mollon, D.Sc., of Cambridge University, covered the infamous Lagerlunda train accident.

"In 1875, on the single-track trunk line from Malmo to Stockholm, Sweden, a

northbound and a southbound express train collided, killing the drivers and a number of wealthy passengers," said Dr. Lee. "After the accident, the

opportunity to push for his invention, the Holmgren Lantern, for color vision testing."

The symposium also honored the recipient of the Verriest Medal, which is given to someone who has made outstanding contributions in the field of color vision.

The 2009 Verriest Medal was awarded to Gerald H. Jacobs, Ph.D., of the University of California in Santa Barbara.

"Many of us are certainly familiar with his early work on the electrophysiological recording of opponent color cells in the lateral geniculate nucleus," said Dr. Lee. "For over 40 years, his research has encompassed color vision



**Symposium speakers were vision scientists from various disciplines, including physiologists, psychologists, physicists, engineers, geneticists, and clinicians, including optometrists and ophthalmologists.**

investigating doctor, by the name of Holmgren, suggested that one of the drivers who was killed did not recognize the color signal due to color blindness. The accident attracted worldwide concern and sparked the railroad industry to start color vision testing. With reports of the subsequent trial and other material evidence uncovered in a museum, Professor Mollon meticulously reconstructed the accident moment by moment. In the end, he concluded that color vision deficiency was not a factor, or at least not the major factor, in the accident after all. Holmgren had used the

studies of many mammalian species, with a multi-disciplinary approach including molecular genetics, photopigments, physiology, and color vision perception. Among his numerous scientific publications, 14 can be found in *Nature* or *Science*."

The ICVS symposium is held every two years. The 2011 and 2013 meetings will take place in Norway and the United Kingdom, respectively. For the 2015 meeting, a vote will decide between Germany and Taiwan.

To join the ICVS or to participate in future meetings, visit <http://macboy.uchicago.edu/>.



**Attendees of the 20th Symposium of the International Colour Vision Society in Braga, Portugal, had the chance to hear from 70 speakers and view more than 40 posters at the meeting in July.**





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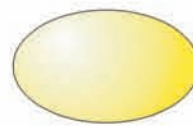
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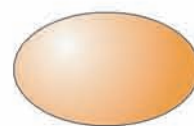
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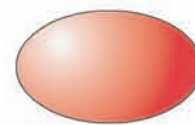
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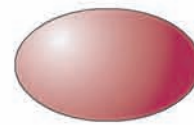
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## Penisten named dean

Northeastern State University (NSU) President Don Betz, Ph.D., announced the appointment of Douglas K. Penisten, O.D., Ph.D., as dean of the Oklahoma College of Optometry (OCO). A member of the NSUOCO faculty since 1988, Dr. Penisten has served as the associate dean of the Oklahoma College of Optometry since 2000 and was the interim dean of the NSU College of Science and Health Professions from 2005-2007. He has also taught at Indiana University and the University of the North in the Republic of South Africa.



"I have great confidence that under Dr. Penisten's leadership, the Oklahoma College of Optometry will continue its stellar record of achievement and will serve the people of Oklahoma in an exemplary manner, providing the most comprehensive optometric clinical care and producing the very best optometric physicians in the nation," said Janet Bahr, Ed.D., vice president for Academic Affairs.

Praising the work and dedication of the NSUOCO faculty, Dr. Penisten plans to place a strong emphasis on advancing the quality eye and vision care provided by the college and its graduates. He believes that NSUOCO will sustain its reputation as a leading institution in eye and vision care in this country as it moves forward in the 21st century.

"We will continue to build our reputation as a referral center for specialty eye care, in areas such as low vision, vision therapy and vision problems related to traumatic brain injury," Dr. Penisten said. "We will also continue to meet the eye and vision care needs of the people of Oklahoma."

## AOA sections seek photos for contest

The AOA sections are looking to build a storehouse of arresting and beautiful photos with your help.

The sections' first photo contest is open to AOA section member ODs and American Optometric Student Association (AOSA) members.

The winning photograph for each section will be featured as the section's Facebook profile image through the end of the year.

All participants will have a chance to see their photography in an AOA publication or online media.

**Contest dates:** The AOA Sections Photo Contest began Sept. 1, 2009, and ends Oct. 15, 2009, at 2 p.m. Central Daylight Time (CDT). By submitting an entry, each contestant agrees to the rules of the contest.

**Eligibility:** Members of the AOA Contact Lens and Cornea Section, Sports Vision Section, Vision Rehabilitation Section and the AOSA are eligible. The AOA will determine winners' eligibility.

For more information and to submit a photo, visit <https://aoaphotocontest.wufoo.com/forms/aoa-sections-photo-contest/>.



# ARBO's OE Tracker experiences rapid growth

Half of all U.S. optometrists are registered in the Association of Regulatory Boards of Optometry's (ARBO) OE Tracker program, which provides an electronic system for tracking and reporting continuing education.

The OE Tracker database currently contains more than 41,000 active optometrists, 50 percent of whom have registered online and set up a username and password to gain access to their accounts.

There has been significant growth in the past few years in the number of optometrists registering and using the program regularly.

OE Tracker captures and stores continuing education (CE) attendance data for access by optometrists and licensing boards online.

ODs can log in to their OE Tracker account at [www.arbo.org](http://www.arbo.org) to view a chronological history of the CE courses they have attended and print attendance certificates, if required by their licensing board.

Each state's CE requirements for license renewal are also posted on the site, which is especially useful for optometrists with licenses in multiple states.

"It's been very exciting to see the growth of OE Tracker over the past few years," said Howard Flippin, O.D., chair of ARBO's OE Tracker Committee. "We've heard from many optometrists saying that they really appreciate not having to keep track of all that paperwork. I'm looking forward to watching the program continue to grow as more ODs and regulatory boards start using it."

OE Tracker is the most complete database of optometrists in the country. Optometry students are assigned an OE Tracker number when they register with the National Board of Examiners in Optometry

(NBEO) for their board exams. At that time, they are entered into the OE Tracker database, and ARBO begins collecting and storing their CE attendance data regardless of whether they are registered in the system. To register, an OD or student can go to ARBO's Web site or call the ARBO office to set up a username and password, which allows them access to their existing record.

The majority of atten-

benefit for ARBO's member boards, but it provides advantages for everyone in the optometric community. We're thrilled to be able to provide this tool to make license renewal faster and easier for our member boards and their licensees."

ARBO recently began charging a fee of \$20 per optometrist per year for OE Tracker to help cover the expenses of maintaining the program. By paying the fee,

optometrists receive full access to their OE Tracker account, allowing them to review their complete CE attendance history, permanently store CE certificates in case of future audit, track the number of CE hours

*"OE Tracker was developed as a benefit for ARBO's member boards, but it provides advantages for everyone in the optometric community."*

earned and the hours required for license renewal, and print certificates to use as proof of attendance.

If an optometrist chooses not to pay the fee, he or she will still have limited access to CE data, but will not be able to print the information.

Several of ARBO's member boards and some state optometric associations are in discussion with ARBO to pay this fee for all their licensees/members as an additional benefit. The Iowa Optometric Association (IOA) was the first organization to provide OE Tracker as a benefit for all members.

"Because the IOA believes so strongly in the benefits of this system to our members, this association is going to cover that fee as a member benefit," said Jay Petersma, O.D., IOA president. "This system will become more valuable for those who elect to also become board certified, given the additional requirements of that process."

ARBO represents and assists member licensing agencies in regulating the practice of optometry for the public welfare. For more information on OE Tracker, visit [www.arbo.org](http://www.arbo.org).

ARBO's member boards also use the program to review and audit the CE attendance of their licensees, allowing them to easily perform a 100 percent audit. Some of ARBO's members have set up an electronic transfer of data from OE Tracker so that when optometrists apply for license renewal their CE attendance information automatically populates the online form, eliminating the need for manually entering each course or sending paper certificates. This type of data transfer was first set up for the Kansas Board of Examiners in Optometry and has been such a success that several other states/jurisdictions are following.

"It's wonderful that we've been able to achieve this milestone in just a few short years," said ARBO President William Rafferty, O.D. "OE Tracker was developed as a



# September *Optometry* focuses on home vision therapy, dizziness, doctor-driven dispensing

Vision therapy's role in countering the effects of a rare brain malformation – as well as common accommodative/vergence disorders, better ways of testing for glaucoma, and the causes of dizziness are among the topics covered in the September edition of *Optometry: Journal of the American Optometric Association*.

❖ In the first reported case of its kind, a Washington state optometrist has demonstrated

esotropia and be prepared to refer patients for magnetic resonance imaging if appropriate.

❖ A computerized home vision therapy program is proving effective in improving accommodative/vergence disorders, according to a new study from the SUNY State College of Optometry. SUNY researchers Jeffrey Cooper, O.D., and Jerome Feldman suggest the HTS™ Automated Vision Therapy System can be appropriate when a pro-

patient complaint that has long been linked to eye movement or tracking problems. Now, researchers at SUNY and Denver's Regis University confirm that people with visual motion hypersensitivity (VMH), who tend to become dizzy and imbalanced in response to motion, have trouble maintaining focus on a fixed point and instead will often turn their gaze toward a moving background.

The researchers suggest that hypersensitivity to motion may indicate problems in the vestibular function. They also found, using a measurement tool known as the Dizziness Handicap Inventory, that people with VMH tend to become dizzy than other people.

❖ Optometrists faced with chronic or recurrent conjunctivitis that doesn't respond to treatment may wish to check for lacrimal canaliculitis – an uncommon ailment that some nevertheless believe is the disease most often missed by eye doctors. Two British hospital-based optometrists offer a case study that illustrates the importance of considering lacrimal canaliculitis in any case of treatment-resistant bacterial conjunctivitis. The canaliculitis can be successfully treated medically and surgically. However, a literature review finds that because practitioners often mistake it for conjunctivitis, the condition may sometimes go undiagnosed for up to three years.

❖ With baby boomers aging, life expectancies increasing, and corneal endothelial disease expected to become a growing problem, optometrists may wish to become familiar with DSAEK (Descemet's stripping automated endothelial keratoplasty) – a surgical procedure that has emerged over recent years as a viable alternative to penetrating keratoplasty. The new partial corneal transplant procedure

replaces only diseased tissue, leaving the anterior cornea structurally intact for faster healing. However, the procedure can pose risks for complication such as graft dislocation. DSAEK, indications, and the management of DSAEK patients is discussed in this month's *Optometry* by Kathryn Mau, O.D., of the SUNY State College of Optometry.

❖ The second installment of *Optometry's* "Doctor-driven dispensing" series outlines

how premium intraocular lenses are coming of age as a vision-correction measure for cataract patients and presbyopes. It also details how a new breed of corneal reshaping is literally allowing patients to correct their vision overnight. With both forms of correction, patient counseling by the optometrist is proving critical to successful outcomes.

AOA members can also access the September issue of *Optometry* online at [www.optometryjaoa.com](http://www.optometryjaoa.com).

*In the first reported case of its kind, a Washington state optometrist has demonstrated that prisms and vision therapy can be effective in non-surgically treating esotropia secondary to Arnold–Chiari malformation — a rare, congenital condition that produces pressure on the brain stem and spinal cord, resulting in trouble with speech, hearing, vision and breathing.*

that prisms and vision therapy can be effective in non-surgically treating esotropia secondary to Arnold–Chiari malformation (ACM) — a rare, congenital condition that produces pressure on the brain stem and spinal cord, resulting in trouble with speech, hearing, vision and breathing.

Curtis R. Baxstrom, O.D., of the Northwest Vision and Learning Center and Pacific University College of Optometry, describes how four months of vision therapy resolved residual esotropia in a 14-year-old patient following surgery for ACM. Dr. Baxstrom also notes that esotropia can be an early symptom of the brain malformation – meaning optometrists should include the condition in the differential diagnosis for acquired

program of in-office vision therapy, supplemented with a program of home therapy, is not practical.

❖ When examining glaucoma patients using today's state-of-the-art equipment, eye care practitioners generally find that deterioration in optic nerve fiber results in corresponding visual field loss. But not always, according to researchers at SUNY and the Medical Arts Center of New York. They suggest several possible reasons for discordance in the testing of eye structure and function in glaucoma patients. They also recommend that glaucoma patients and suspects be tested for both structure and function to ensure that all glaucomatous deficits are identified.

❖ Dizziness is a common

## Optometric educators exchange ideas



**The AOA's fourth Optometric Educators' Exchange (OEE) at *Optometry's* Meeting® once again brought faculty members from optometry schools and colleges around the country together for timely education tailored specifically to their needs. From left, Sue Cotter, O.D., OEE lecturer, pediatric optometrist and professor at Southern California College of Optometry; Franklin Medio, Ph.D., keynote lecturer and president, Consulting Services for the Health Professions; Alissa Proctor, O.D., 2009 OEE co-chair and assistant professor at Northeastern State University College of Optometry, and Tawna Roberts, O.D., 2009 OEE co-chair and assistant professor at Southern California College of Optometry. Dr. Medio discussed teaching and evaluating professionalism in students and designing appropriate student remediation plans; Dr. Cotter lectured on the benefits of research and scholarly activity for clinicians. The event also featured roundtable discussions among the nearly 40 attendees that allowed for closer focus on the lecture topics.**



# AOA fights to fully enforce DMEPOS surety bond exemption

The AOA and its state associations have heard from many members who received a letter from Palmetto GBA, the National Supplier Clearinghouse (NSC) for Medicare, informing them that their "supplier type" is not a type that is exempt from the surety bond requirement for suppliers of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS).

The AOA continues to make clear that optometrists remain exempt, by law and regulation, from the surety bond requirement, which Congress authorized to deter DMEPOS fraud and abuse.

In response to the AOA action, Palmetto has issued a confirmation on behalf of the Centers for Medicare & Medicaid Services (CMS) stating that optometrists are, in fact, exempt from the surety bond requirement. The NSC stated: "Optometrists who own their own optical shop

and furnish only cataract glasses and cataract lenses are currently exempt from the requirements concerning bonding and accreditation. This applies even if there is an optician at the optical shop."

In addition, the CMS has directly confirmed to the AOA that practicing optometrists are exempt from the surety bond requirement as well as the accreditation requirement for DMEPOS suppliers.

The agency has acknowledged that post-cataract eyeglasses are not a fraud and abuse problem; but has said that it does in fact want any business serving the general public to obtain a bond. However, the AOA is troubled by recent CMS action, without input from optometrists, suggesting that a Medicare beneficiary who needs only to fill a prescription for eyeglasses is not a patient of an optometrist or an ophthalmologist supplying the eyeglasses. This doctor-patient relationship is cen-

tral to the surety bond exemption.

The CMS, acting through its contractor, the NSC, posted an adverse answer recently to a frequently asked question about whether a doctor filling a prescription for post-cataract eyeglasses needs to obtain a surety bond to bill Medicare for the eyeglasses:

**Q: How does an optometrist or ophthalmologist who dispenses eyeglasses qualify for the physician exemption?**

**A: An optometrist or ophthalmologist who dispenses eyeglasses can qualify for the physician exemption if the glasses are furnished only to his/her own patients as part of his/her own service. For purposes of this exemption, a "patient" is someone who, for instance, receives an eye exam or other diagnostic test from the physician prior to receiving the glasses. The term "patient" does not include, however, a person who walks into the physician's office with**

*The AOA is troubled by recent CMS action, without input from optometrists, suggesting that a Medicare beneficiary who needs only to fill a prescription for eyeglasses is not a patient of an optometrist or an ophthalmologist supplying the eyeglasses.*

a prescription for glasses that was issued by another physician and simply receives the glasses without any sort of examination or test being furnished.

The same general principle applies to an enrolled optical center owned by an optometrist or ophthalmologist. For more, visit <http://tinyurl.com/pfpzs8>.

The AOA and the American Academy of Ophthalmology maintain that the CMS position improperly suggests that a physician cannot form a doctor-patient relationship without performing an examination or test when supplying eyeglasses to a beneficiary who first comes to the doctor's office with a prescription. The AOA is working to

encourage the CMS to correct its problematic position.

The agency has agreed to consider any new information provided by the AOA, but noted that "each optometrist and ophthalmologist will need to review its business model and make a determination as to whether the bonding requirements apply to them."

The \$50,000 bond is required for medical supply companies by Oct. 2, 2009 and would cost an estimated \$1,500 annually. The AOA is now working to resolve this issue and will provide more information to members as soon as it becomes available.

For questions, contact Rodney Peele at [rpeele@aoa.org](mailto:rpeele@aoa.org) in the AOA Washington office.

## H1N1, from page 13

Employees who are well but who have an ill family member at home with H1N1 flu can go to work as usual.

However, they should monitor their health and take everyday precautions including washing their hands often with soap and water, especially after they cough or sneeze. Alcohol-based hand cleaners are also effective, the agency says.

H1N1 can be spread through touching of the eyes, the CDC notes. Optometrists and their staff members should be very diligent in observing infection protection protocol in the office, Dr. Duenas suggests.

Studies have shown that influenza virus can survive on environmental surfaces and can infect a person for two to eight hours after being deposited on the surface, according to the CDC.

Influenza virus is destroyed by heat (167-212°F [75-100°C]). In addition, several chemical germicides,

## *Optometric practices, like other first contact health care offices, should have contingency plans to ensure operations continue in the event flu infections deplete staff.*

including chlorine, hydrogen peroxide, detergents (soap), iodophors (iodine-based antiseptics), and alcohols are effective against human influenza viruses if used in proper concentration for a sufficient length of time, according to the CDC.

"For example, wipes or gels with alcohol in them can be used to clean hands. The gels should be rubbed into hands until they are dry," the agency notes.

Though the scientific evidence is not as extensive as that on hand washing and alcohol-based sanitizers, other hand sanitizers that do not contain alcohol may be useful for killing flu germs on hands, the agency adds.

Optometric practices,

like other first contact health care offices, should have contingency plans to ensure operations continue in the event flu infections deplete staff.

"One of the first steps in planning for a pandemic or other public health emergency is making sure your patients, you and your family, including pets, have a two-week supply of food, water and medication," said Dr. Duenas. "It may be very difficult to get to a store, or the stores may be out of supplies, so it will be important to have extra supplies on hand."

Additional information can be found on the CDC's H1N1: Resources for Clinicians Web page ([www.cdc.gov/h1n1flu/clinicians/](http://www.cdc.gov/h1n1flu/clinicians/)).



### Optometry Online

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AOA members have access to **Optometry** content on the Journal's dedicated website [www.optometryjaoa.com](http://www.optometryjaoa.com). This full-text site offers a variety of features and functions, including:

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# NCSOS celebrates historic centennial anniversary

The North Carolina State Optometric Society (NCSOS) was born on a cold January day in 1908 with the purpose of attaining higher professional ideals and the perfection of skilled service to the people. Though it took another year to set into law, the seeds had been planted.

One hundred years later,

David Stroud, was the president in 1978-1979. Our legacy is really special.”

As part of the centennial observance, NCSOS Executive Director Sue Gardner compiled a book chronicling the history of the society.

“North Carolina Optometry continues to need the same commitment that

*“The optometrists today and those of the next century will not be carbon copies of the pioneers who formed the profession of optometry in North Carolina. Yet, in their own way, they will be pioneers of the next 100 years, pioneers with new challenges, new threats, new opportunities.”*

the NCSOS is celebrating its anniversary and honoring its past, present and future.

“It amazed me that we have a legacy that dates back 100 years,” said Allan Barker, O.D., president of the North Carolina State Optometric Society. “Our first licensee was in 1909. It was Fred Day who was the first president from 1908 to 1910. His son and grandson followed suit in later years. Optometry here is almost a family affair. We also had Jack Robinson in 1975-1977 and his son Dan in 1995-1996. My father-in-law,

was so prevalent 100 years ago, a commitment honored throughout this book,” writes Gardner in the book’s introduction. “The optometrists today and those of the next century will not be carbon copies of the pioneers who formed the profession of optometry in North Carolina. Yet, in their own way, they will be pioneers of the next 100 years, pioneers with new challenges, new threats, new opportunities.”

The growth in the early years of the society show optometrists dealing with the



**NCSOS past presidents were honored several times during the anniversary weekend celebration. Out of the 33 living past presidents, 27 were present. Past President Gideon Lang, O.D., passed away the week of the meeting.**

prosecution of false practitioners, wartime challenges, public relations issues, and legislative battles encompassing freedom of choice and discrimination issues.

The most far-reaching battle was in 1977 when legislation was passed to include the use of pharmaceutical agents in the definition of scope of practice for North Carolina optometrists.

“I think North Carolina optometry has really been a leader in the profession,” said Dr. Barker. “We were the second state to get a therapeutic drug law passed.”

West Virginia was the first state to pass a therapeutic agent law in 1976.

Dr. Barker attributes the strength of the association to its pioneering leaders.

“The leadership in our past years has really helped us,” he said. “We have some individuals who have been inducted into the Hall of Fame, like Drs. Jack Robinson, Gideon Lang and John Costabile, and our past leaders are still active in our state society. They still roll up their sleeves and keep working. John Costabile served 36 years as secretary-treasurer and executive secretary. He dedicated his life to optometry, and for this the history book was dedicated to him.”

Recent challenges include the defeat of North Carolina House Bill 1195, which sought to define surgery in an amendment to the optometry practice act.

North Carolina continues to face battles, but its history prepares it for what’s to come, state ODs say.

“One of our strong points is that we agree to disagree,”

said Dr. Barker. “Optometrists in North Carolina have an amazing resiliency. We have family feuds, but when we come to a consensus, everyone jumps on board. Another strength is our grassroots effort. Our optometrists have really done a great job in the community. They’ve gotten to know our legislators and are able to articulate concerns to the legislators.”

Dr. Barker also notes the commitment of the optometrists in the state.

“We’ve always had an

he said. “She basically grew up in this profession and has been invaluable. Sue deserves a lot of accolades. She has put in a lot of time and effort. She put our book together. She has all this amazing stuff that she goes through.”

Dr. Barker and Immediate Past President Eric Oberdorf, O.D., sum up the outlook for the NCSOS in the book:

“It is not easy to forecast optometry’s exact role in the 21st century, but one thing is certain: it will achieve an



**The NCSOS Hall of History showcased the history of the society since 1909. Included in the display were photos of founding members and the original license of Fred Day, O.D., the society’s first president.**

excellent working relationship with the AOA,” he said. “Eighty-three percent of optometrists in the state are members. When the AOA had its Drive for 65 campaign to increase membership, we went from 80 percent to 83 percent. We have a history of leadership.”

Dr. Barker stresses that the society would not be where it is today without the involvement of Sue Gardner.

“We have a great executive director, Sue Gardner, who is a tremendous asset,”

even higher respect from the public, government and other professions. The optometrists of tomorrow will practice at the highest level of their expertise, and the North Carolina State Optometric Society will be vitalized with a group of dedicated leaders and volunteers to serve its membership and educate the public about optometry’s commitment to safeguard their vision.”

For more information about the NCSOS, visit [www.nceyes.org](http://www.nceyes.org).



**North Carolina State Optometric Society President Allan Barker, O.D., speaks at the 100-year anniversary celebration for the society. Dr. Barker attributes the strength of the association to its pioneering leaders.**





## MEETINGS

### September

ANNUAL FALL MEETING  
VERMONT OPTOMETRIC  
ASSOCIATION  
September 11-13, 2009  
Hilton Hotel and Conference Center,  
Burlington, VT  
David DiMarco, O.D.  
412/334-3428  
djd@nveyecare.net

OPTOMETRIC EXTENSION  
PROGRAM FOUNDATION  
40TH ANNUAL COLORADO  
VISION TRAINING CONFERENCE  
September 11 - 13 2009  
YMCA of the Rockies, Estes Park,  
Jennifer Redmond  
720/870-2828  
Jennifer@highlinevisioncenter.com or  
Jamie@highlinevisioncenter.com

69TH NORTHEAST CONGRESS  
OF OPTOMETRY  
September 13-14, 2009  
Westford Regency Inn and  
Conference Center, Westford,  
Massachusetts  
Kathleen Prucnal, O.D.  
978/597-5227  
DRKAPRUCNAL@MSN.COM

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Philadelphia, PA 19115  
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MAINE OPTOMETRIC  
ASSOCIATION  
SEPTEMBER "FALL" CONFERENCE  
September 18-20, 2009  
Point Lookout, Northport, Maine  
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AUTUMN 2009 CONTINUING  
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Tim Bonin  
401/949-0433

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CONTACT LENS ASSOCIATION  
OF OPHTHALMOLOGISTS  
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Regency Montréal  
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September 25-27, 2009  
Holiday Inn and Convention Center,  
Bowling Green, Kentucky  
Sarah A. Jones  
502/875-3516  
FAX: 502/875-3782  
sarah@kyeyes.org  
www.kyeyes.org

### October

SOUTH DAKOTA OPTOMETRIC  
SOCIETY  
FALL CONVENTION  
October 1-2, 2009  
Rushmore Plaza Holiday Inn, Rapid  
City, South Dakota  
Deb Mortenson  
605/224-8199  
FAX: 605/224-6047  
Sdeyes3@pie.midco.net  
www.sdeyes.org

MISSOURI OPTOMETRIC  
ASSOCIATION ANNUAL  
CONVENTION  
October 1-4, 2009  
Lodge of the Four Seasons, Lake  
Ozark, Missouri

Dr. Lee Ann Barrett  
www.moeyecare.org  
573/635-6151

HOMECOMING AND FALL CE  
WEEKEND  
SOUTHERN COLLEGE OF  
OPTOMETRY  
October 1-4, 2009  
The Peabody Memphis & SCO  
Campus, Memphis, Tennessee  
800/238-0180, ext. 4  
ce@sco.edu or alumni@sco.edu  
www.sco.edu/fallce09/

OHIO OPTOMETRIC  
ASSOCIATION  
EASTWEST EYE CONFERENCE  
October 1-4, 2009  
Cleveland, Ohio  
800/999-4939  
info@oaa.org  
www.eastwesteye.org

KANSAS OPTOMETRIC  
ASSOCIATION  
FALL EYECARE CONFERENCE  
October 2-4, 2009  
Airport Hilton, Wichita, Kansas  
785/232-0225  
info@kansasoptometric.org  
www.kansasoptometric.org

MOA LEGISLATIVE RECEPTION  
MICHIGAN OPTOMETRIC  
ASSOCIATION  
October 7, 2009  
Lansing, Michigan  
Cindy Schnetzler  
517/482-0616  
FAX: 517/482-1611  
cindy@themoa.org  
www.themoa.org

41ST ANNUAL FALL SEMINAR  
MICHIGAN OPTOMETRIC  
ASSOCIATION  
October 7-8, 2009  
Lansing Center, Lansing, Michigan  
Pam Steffy  
517/482-0616  
FAX: 517/482-1611  
pam@themoa.org  
www.michigan.aaa.org

2009 FALL SEMINAR  
INDIANA OPTOMETRIC  
ASSOCIATION  
October 7-8, 2009  
Indiana University Memorial Union,  
Bloomington, Indiana  
Bridget L. Sims  
317/237-3560  
FAX: 317/237-3564  
blsims@ioa.org  
www.ioa.org

ILLINOIS OPTOMETRIC  
ASSOCIATION  
CONVENTION  
October 8-11, 2009  
Westin Northwest, Itasca, Illinois  
Charlene Marsh  
800/933-7289  
ioabb@ioaweb.org

HUDSON VALLEY OPTOMETRIC  
SOCIETY FALL SEMINAR  
Hudson Valley Optometric Society  
October 9, 2009  
West Point, New York  
Joseph Accettura  
845/561-0305  
jaccettura@aol.com

NORTHWOODS EDUCATION  
EVENT WISCONSIN  
OPTOMETRIC ASSOCIATION  
October 9-10, 2009  
The Pointe Resort, Minocqua,  
Wisconsin  
Joleen Breunig  
800/678-5357  
FAX: 608/824-2205  
joleenwoaoffice@tds.net  
www.woa-eyes.org

2009 THERAPY BY THE SEA  
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New Jersey Society of Optometric  
Physicians  
October 9-11, 2009  
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Center Hotel, Atlantic City, New  
Jersey  
609/323-4012  
www.njsop.org

FALL CONFERENCE  
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ASSOCIATION  
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Wintergreen Resort, Wintergreen,  
VA  
Bruce B. Keeney, Sr.  
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COLLEGE OF OPTOMETRISTS IN  
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Colorado  
www.covd.org

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ASSOCIATION  
2009 EDUCATION  
SEMINAR/HAWKEYE INSTITUTE  
October 15-16, 2009  
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Grace Kennedy  
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5679  
FAX: 515/222-9073

ARKANSAS OPTOMETRIC  
ASSOCIATION  
2009 FALL CONVENTION  
October 16-18, 2009  
Hilton Memphis, Memphis,  
Tennessee  
Vicki Farmer  
501/661-7675  
FAX: 501/373-0233  
arapt@swbell.net  
www.arkansasoptometric.org

NEBRASKA OPTOMETRIC  
ASSOCIATION  
NOA Fall Conference  
October 16-18, 2009  
Holiday Inn & Convention Center,  
Kearney, Nebraska  
402/474-7716  
noa@assocoffice.net  
www.noaonline.org

OPTOMETRY ASSOCIATION OF  
LOUISIANA FALL CE CONFERENCE  
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Rouge, Louisiana  
Dr. Jim Sandefur  
318/335-0675  
optla@bellsouth.net

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406/443-1160  
FAX: 406/443-4614  
mwangen@rmsmanagement.com  
www.gwco.org

20TH ANNUAL EDUCATIONAL  
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850/471-7674  
foreknown@aol.com  
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October 24-26, 2009  
New York, New York  
Matthew Platarote  
212/938-5830  
FAX: 212/938-5831  
mplatarote@sunyopt.edu  
www.sunyopt.edu

### November

OPTOMETRIC EXTENSION  
PROGRAM  
THE ART & SCIENCE OF  
OPTOMETRIC CARE – A  
BEHAVIORAL PERSPECTIVE (OEP  
Clinical Curriculum)  
November 5-9, 2009  
Western University College of  
Optometry, Pomona, CA  
Theresa Krejci  
800/447-0370  
TheresaKrejciOEP@verizon.net

OPTOMETRIC EXTENSION  
PROGRAM  
VT/LEARNING RELATED VISUAL  
PROBLEMS (VT 2) (OEP Clinical  
Curriculum)  
November 5-9, 2009  
Grand Rapids, Michigan  
Theresa Krejci  
800/447-0370  
TheresaKrejciOEP@verizon.net

MISSISSIPPI OPTOMETRIC  
ASSOCIATION  
2009 FALL CONTINUING  
EDUCATION CONFERENCE &  
EXPOSITION  
November 6-8, 2009  
Hilton of Jackson, Mississippi  
Linda Ross Aldy  
601/853-4407  
FAX: 601/853-4408  
msoptometr@aol.com  
www.mseyes.com

MASSACHUSETTS SOCIETY OF  
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FALL MEETING  
November 8, 2009  
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Richie Lawless  
508/875-7900  
FAX: 508/875-0010  
www.massoptom.org

**To submit an item  
for the meetings calendar,  
send a note to  
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## SPOTLIGHT ON AOA MEMBERS

# Wis. OD develops out-of-this-world invention

Optometry reaches a spectacular new height this month with an invention by Wisconsin optometrist Paul Filar, O.D.

Dr. Filar's invention, an attachment to a modified digital camera that takes pictures and video of the retina and optic nerve, captured the

the eye to professionals on earth.

Dr. Filar, named 2008 Young Optometrist of the Year by the Wisconsin Optometric Association (WOA), invented the camera attachment to benefit long-distance and elderly patients.

He needed smaller equipment that could travel

easily, and a device that would allow him to properly treat patients who found it

*"I knew the device would be useful for rural and elderly patient care, but I never imagined this."*

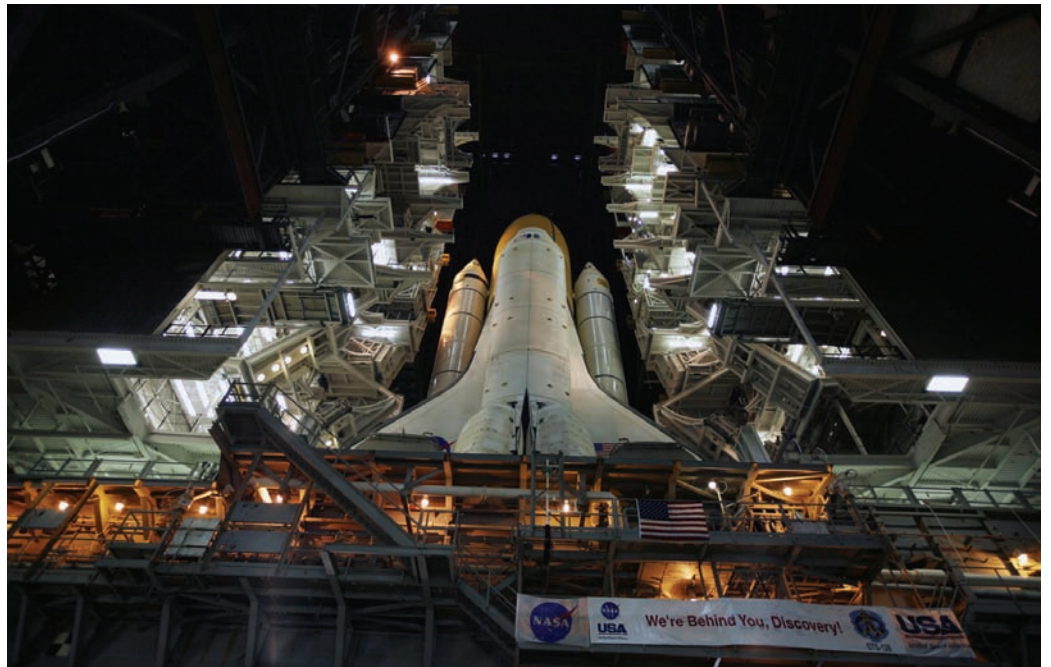
attention of National Aeronautics and Space Administration (NASA) officials earlier this month and ended up onboard the space shuttle Discovery, which is on Mission STS-128 to the International Space Station and launched Aug. 28.

Astronauts will use the camera to transmit images of

uncomfortable to sit for a conventional eye exam.

"The camera allows me to take a quick snapshot or video of the eye and review it or compare it at a later time," said Dr. Filar.

Dr. Filar also created the camera with hopes it could be used in countries lacking modern eye care technolo-



**Space shuttle Discovery, installed on the mobile launcher platform atop the crawler-transporter, is poised to begin moving on the crawlerway at NASA's Kennedy Space Center in Florida. Dr. Filar's invention, an attachment to a modified digital camera that takes pictures and video of the retina and optic nerve, was transported by Discovery to the International Space Station. Photo credit: NASA/Dimitri Gerondidakis**



**Astronaut Sandra Magnus, Expedition 18 flight engineer, uses a communication system while holding a checklist in the Zvezda Service Module of the International Space Station. Dr. Filar's retinal camera attachment will be left in the space station for use by station crew members.**

### Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association. Got a story to share? Drop a line to [TLOverton@aoa.org](mailto:TLOverton@aoa.org).

gies.

Volunteers in third world nations can use the device to take ocular pictures and send them digitally to a professional who can then assess patients' eye health.

"The camera is meant to be a screening tool," said Dr. Filar. "It enables a professional to examine the front and back of the eye for problems like glaucoma or hemorrhaging."

NASA contacted Dr. Filar shortly after they discovered the product through Google. NASA has since ordered six of Dr. Filar's camera attachments.

"I knew the device would be useful for rural and elderly patient care, but I never imagined this," said Dr. Filar. "It's remarkable."

The International Space Station is a state-of-the-art, orbiting laboratory complex that travels 240 miles above the Earth.

Crew members currently have interior living and working space for conducting ongoing medical and space research with the goal of improving the lives of

people all over the world.

As construction on the International Space Station winds down, the station will place more emphasis on its serving as a platform for scientific research.

The Discovery space shuttle, carrying various scientific instruments onboard, symbolizes the beginning of this shift.

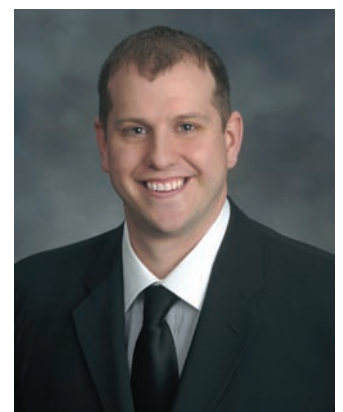
"The device will be stored on the International Space Station as a medical tool to allow the flight surgeons and research community insight into the potential changes in the eye that may come about as a result of long-duration missions," a NASA spokesperson, Bill Jeffs, told the *Milwaukee Journal-Sentinel*.

Using Carl Zeiss optics, the camera attachment software features options including auto or manual focusing, time and date stamping, zoom, and an HD video capability.

When the doctor is finished using the device, he or she can simply grasp the fin at the top of the attachment and pull it off of the Pan

Optic Ophthalmoscope – no screws, adjustments, or permanent alterations are necessary.

The camera is portable, attaching to the included Dell Mini Laptop or to any



**Dr. Filar**

other computer via a USB cable.

Photos are taken with a snapshot button directly on the camera itself, with no need to click a mouse.

The Provizion Anterior Segment and Retinal Camera Attachment costs \$2,695. For more information, visit <http://www.provizionusa.com/index.html>.

*see Invention, page 25*



optometrists.

Special counsel engaged to form the ABO recommended the use of a MOU as the first step toward formation of the entity and to establish the basic organizational and governance elements for the ABO.

"I'm pleased with the

progress we continue to make with other optometric organizations and look forward to the continued development and implementation of the American Board of Optometry," said Randolph Brooks, O.D., president of the AOA.

The AOA has made two

appointments for the ABO board of directors: David Cockrell, O.D., from Stillwater, Okla., and Paul Ajamian, O.D., from Atlanta, Ga.

"These two well-respected optometrists see patients on a daily basis," said Dr. Brooks. "Their clinical

expertise as well as their ability to relate to practicing ODs will be critical to their role representing the profession on the ABO."

As part of the MOU, the other organizations have also announced their appointed representatives.

"The Board of Directors

of the Academy has watched the issue of board certification develop," said Mark Eger, O.D., FAAO, president of the AAO. "Now that it has been adopted by the profession, we are committed to join the other stakeholder organizations to assure its implementation. The Board of Directors of the Academy has appointed Past President Tom Lewis, O.D., Ph.D., as the Academy's representative, who will work with the representatives of the other stakeholder organizations to make sure the final product is credible and defensible to both the profession and the health care community."

"ASCO is pleased to partner with other organizations to ensure the delivery of high-quality patient care services by optometrists," said Mel Shipp, O.D., ASCO president. "As a member of ABO, ASCO will be better able to ensure that the optometric education provided by its member institutions is consistent with this objective."

Dr. Shipp appointed David A. Heath, O.D., president, State University of New York State College of Optometry, as ASCO's representative to the ABO.

"Dr. Heath brings broad experience as a dean and president of two optometric institutions as well as extensive ASCO and other not-for-profit leadership experience," said Dr. Shipp. "In addition to his academic administration experience, Dr. Heath's analytical ability, keen intellect and extensive operational and governance experience will be invaluable to the ABO."

"With an AOSA member on the JBCPT, optometry students have watched with great interest the development of the board certification process," said Tyson Allard, AOSA president. "Students by their very position must look to the future of optometry. The AOSA Executive Council has appointed Dr.

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American Optometric Association

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Policy Form #GBD-1000 A.1 (1750)

see MOU, next page



## Invention,

from page 23

To order the device, contact Keith Favaro of 20/20 Medical Services, Inc. at [2020medical@gmail.com](mailto:2020medical@gmail.com) or 888-EYE-TEST.

Dr. Filar speculates that

more inventions may be to come.

"I have a filing cabinet full of things I have tried," Dr. Filar joked. "There are always projects cooking."



**Local Fox affiliate WLUK coverage of Dr. Filar's invention shows the camera attachment in action.**

## MOU,

from page 24

Mary Phillips as the student association's representative on the ABO board, who will work with the other committed organizations toward a product that increases their credibility in the health care community and the profession they are working to enter."

The MOU also establishes a timetable for circulation of organizational documents, creation and qualification of the ABO as a tax-exempt entity and implementation of the certification process.

"The AOA is pleased that the formation of the American Board of Optometry is proceeding on

schedule and is appreciative of everyone who participated in developing the model for optometric board certification over the last two years. The AOA continues to support a voluntary process, independent of licensure, as the most appropriate and accepted mechanism for board certification in optometry. It is my hope that, as future standard bearer for national certification, the American Board of Optometry will continue drawing upon the collective expertise of our profession's most respected organizations as well as practicing optometrists throughout the country," said Dr. Brooks.

## New ways to connect with AOA...

[www.facebook.com/american.optometric.association](http://www.facebook.com/american.optometric.association)

[www.twitter.com/aoanews](http://www.twitter.com/aoanews)

[www.youtube.com/aoaweb](http://www.youtube.com/aoaweb)



## International statesman: Benjamin honored with ISO award

Quido A. Cappelli, right, of the Contact Lens Manufacturers Association, presents Joe Benjamin, O.D., Ph.D., with the Statesmanship Award on behalf of the International Organization for Standardization while Mary Mowry-McKee, Ph.D., of the Contact Lens Institute looks on.

The pedestal read: "In recognition of his outstanding leadership and statesmanship the members of ISO TC172 SC7 WG9 present this award to William 'Joe' Benjamin, Ph.D., as a token of our appreciation and esteem for his impartiality, performance, and the accomplishments achieved during the fifteen years of his membership. May 27, 2009."



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Optos  
Shamir  
TLC Vision Corporation  
Transitions Optical  
VSP Vision Care  
VisionWeb

**Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council<sup>SM</sup> to express themselves on issues and products they consider important to the members of the AOA.**

## Industry Profile: Optos

Optos is a leading and rapidly growing medical technology company for the design, development, manufacturing and marketing of devices that image the retina. Optos' platform technology delivers a high-resolution image of up to 200 degrees or approximately 82 percent of the retina in a single capture in a quarter of a second.

Optos offers a full range of complementary retinal imaging devices: P200 is concentrated on wellness screening; P200C in the advanced clinical optometry and ophthalmology markets; P200MA supports retinal specialists through an advanced medical angiography procedure. All three devices provide practitioners with the benefit of an ultra-widefield view of the retina or alternatively a maximized resolution image of the central pole, each facilitating the early detection and management of disorders and diseases evidenced in the retina, such as glaucoma, diabetic retinopathy and age-related macular degeneration, as well as evidence of non-eye or systemic diseases such as diabetes, hypertension and certain cancers. Optos' technology provides an unequalled combination of ultra-widefield retinal imaging, speed and convenience for both practitioner and patient and can help save sight and save lives.

Optos recently introduced the latest version of its proprietary operating software – V2<sup>®</sup> Vantage Dx, which provides added functionality and features and is available with all new devices and to current Optos Partners. New functionality improves the image capture procedure producing improved optomap<sup>®</sup> images more efficiently. The new Image Quality View provides immediate operator feedback on patient positioning, laser detector settings and image saturation. Based on this feedback, the operator can automatically or manually make adjustments and improve subsequent images. In addition, Exact Disc<sup>™</sup> Nerve Enhancement provides a natural presentation of the nerve head, and there are added features within 3D Wrap<sup>™</sup> Patient Orientation Tool, including a refractive error capability that enables the doctor to demonstrate the effects of refractive error and how this affects vision, providing greater patient education. Another important addition includes a proprietary set of software tools that introduce a new workflow that promotes high patient acceptance rates.

These latest enhancements to Optos' operating software follow a series of updates including the addition of the optomap<sup>®</sup> plus Medical Retinal Exam, which is eligible for reimbursement under fundus photography (92250), and V2<sup>®</sup> Vantage with features such as ResMax<sup>™</sup> High Resolution for the Central Pole, 3D Wrap<sup>™</sup> Patient Orientation Tool and Targeted Ophthalmoscopy, which simulates the view of a BIO exam, among others.

Optos' newest device, the P200C, is designed to meet the need for more exacting clinical imaging capabilities within practices that have a high percentage of patients with ocular disease. The P200C delivers both ultra-widefield and ultra-high-resolution images to facilitate disease management and clinical analysis. Improved automated eye steering promotes easy multiple image acquisition from a single patient to capture far-peripheral abnormalities, in some cases reaching the ora serrata.

Optos' unique partnership program provides a wealth of technical, educational and marketing resources, including on-site staff and physician training, best practice protocols, patient education materials and marketing outreach programs, as well as continued maintenance and customer support.

Optos plc is headquartered in Dunfermline, Scotland, and was admitted to the Main Market of the London Stock Exchange on Feb. 15, 2006, trading under the symbol OPTS. Optos' North American headquarters is based in Marlborough, Mass. For more information, visit [www.optos.com](http://www.optos.com).

## B&L to consolidate CL manufacturing

**B**ausch & Lomb announced its intent to consolidate worldwide contact lens manufacturing. The company proposes to begin migrating most of its global contact lens production to its existing sites in Waterford, Ireland, and Rochester, N.Y.

As a result, the company is proposing a phased withdrawal from its production facility in Livingston, Scotland, during 2010 and early 2011.

It will shortly enter into a 90-day consultation period with employees from that site.

"Considering our growth plans in the coming years, we believe it's better to focus our resources and attention on just two primary contact lens plants, freeing cash for reinvestment into the business," said Gerald M. Ostrov, chairman and chief executive officer. "We recognize the significant impact to our Livingston employees, their families and the community, and note this is by no means a reflection on our employees' professionalism, dedication, or efforts. We will do everything within our ability to ensure that their needs and concerns are listened to with the utmost respect."

The company undertook an extensive review of multiple factors before recommending to consolidate production at its Ireland and U.S. sites, including proximity to established research and development resources, total cost savings, global operational efficiencies, and future investment potential as its contact lens business grows.

"It became very clear to our senior leadership team—following our detailed analysis—that company-owned sites in Rochester and

Waterford held a strong advantage in most major assessment criteria. The long-term cost savings alone are hundreds of millions of dollars," said Ostrov. "At the same time, this will better position us to more rapidly grow production volumes as we increase professional and consumer contact lens demand worldwide."

The company has also engaged the Scottish government and Scottish Enterprise

*"This will better position us to more rapidly grow production volumes as we increase professional and consumer contact lens demand worldwide."*

in discussions regarding the matter during the past several weeks, and it will continue these discussions during the consultation period.

As part of the proposed consolidation, SofLens<sup>®</sup> daily disposable lens manufacturing lines would be moved from Livingston to Waterford and Rochester over the course of the next year.

The Waterford plant already manufactures this product.

In conjunction, production lines for PureVision<sup>®</sup> SVS lenses would be moved from Waterford to Rochester, joining already existing PureVision lines at that plant.

The company has taken multiple measures to ensure uninterrupted supplies of all products to eye care professionals and consumers.

The collective moves of these highly automated lines would be expected to create approximately 30 new positions in Rochester during 2010, but no employment increase in Waterford.

The company proposal would affect approximately 500 employees in Livingston on a staggered basis through the next 14 to 18 months.





## Survey shows working moms' vision not near perfect

For working mothers—the ultimate multitaskers—seeing clearly is essential to getting the job done. Yet, new research reveals that as they age, changes in their vision are impacting the ability of most moms to perform everyday activities at home and on the job.

Nearly nine out of 10 (86 percent) women older than 35 are concerned that their vision is getting worse as they age, and 74 percent say they have problems with near vision, according to a survey conducted by Walker Communications for *Working Mother Magazine* and Acuvue® Oasys™ Brand Contact Lenses for Presbyopia.

Nearly half (46 percent) say that having good near vision is most important to get them through their daily activities, but cite problems with everyday tasks such as reading (66 percent), working on a computer (63 percent), using a cell phone/personal digital assistant (49 percent), seeing things in low light (45 percent), or trying to read a menu (44 percent). Nearly three out of 10 (27 percent) working mothers who participated in the survey agree that problems with near vision bother them most while multitasking at work.

“Visual challenges with near-point tasks are signs and symptoms of presbyopia, a common vision condition in which the natural lens of the eye gradually loses flexibility, making it difficult to focus on close objects and to switch focus between close and far objects,” said Susan Resnick, O.D. “Everyone will experience presbyopia to some extent in their lifetime.”

Currently, an estimated 90 million people in the United States have presbyopia or will develop it by 2014.

Presbyopia generally develops in the late thirties or early forties. Survey partici-

pants say they started experiencing problems with near vision on average at 36 years of age.

Contact lens wearers face additional challenges, according to Dr. Resnick.

“As they get older, besides struggling with their vision, many contact lens wearers also cite problems with dryness and discomfort and consider abandoning contact lens wear despite a strong desire to continue wearing them,” she said. “Fortunately, these women now can stay in contact lenses longer with new Acuvue® Oasys™ Brand Contact Lenses for Presbyopia, which combine a proven comfortable material and innovative technologies with a moisture-rich wetting agent to offer clear and comfortable vision correction at

all distances.”

The inability to see clearly also has psychological and physiological effects on women.

Participants note that vision problems make them feel frustrated (61 percent), old (50 percent), physically uncomfortable due to headaches and eye strain (47 percent), and less confident to perform activities (30 percent). Women who have switched from contacts to bifocal or progressive lens eyeglasses say they feel less attractive (26 percent), less confident (17 percent) and less able to perform certain activities as well as when they are wearing their contacts (14 percent).

Carol Evans, president of Working Mother Media, urges women not to let pres-

*“As they get older, besides struggling with their vision, many contact lens wearers also cite problems with dryness and discomfort and consider abandoning contact lens wear despite a strong desire to continue wearing them.”*

byopia disrupt their life at work or at home.

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Complete information is available from Vistakon®, Division of Johnson & Johnson Vision Care, Inc., by calling 800-843-2020 or by visiting [www.jnjvisioncare.com](http://www.jnjvisioncare.com).



**Actress Sarah Jessica Parker is shown as her character “Carrie Bradshaw” while filming the “Sex in the City” movie sequel. In addition to Carrie’s notoriously chic shoes, she was wearing orange Heated shades. [www.jeevice.com](http://www.jeevice.com)**

## Fall back into fashion



**Rye&Lye by Imagine Eyewear shows off its signature model, Marruba. This frame has temples made of stainless steel and rubber that are bound in leather and sewn by hand. [www.rye-lye.it](http://www.rye-lye.it)**



**At left, Actress Katherine Heigl is shown wearing Ferragamo (FE1189 ) shades while promoting her film “The Ugly Truth.” [www.luxottica.com](http://www.luxottica.com)**





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## SHOWCASE

### Executive Director Position



The Florida Optometric Association seeks an Executive Director who will serve the Association in such as way, as to: ensure the financial stability of the Association, work collaboratively with a Board of Directors, ensure the legal integrity of the Association through the Association's legal counsel, develop fundraising and membership programs that provides a diverse, sustainable and reliable revenue stream, provide a leadership and managerial style that strengthens the Association and the profession of Optometry in the State of Florida.

**Qualifications:** The successful candidate will have: experience within the profession of optometry or equivalent advanced professional field, strong, decisive leadership experience and decision-making style based on collaborative relationships, knowledge of and understanding of sound accounting principles, experience and success working within fundraising and membership development programs.

Rank will be commensurate with past experience, qualifications and responsibilities.

For further information on the Florida Optometric Association see:  
**[www.floridaeyes.org](http://www.floridaeyes.org)**

Immediate availability; review of applications begins September 15, 2009 and continues until position is filled. Applicants should electronically send a resume, 3 personal references and 3 professional references to:  
**[EDSearchCommittee@floridaeyes.org](mailto:EDSearchCommittee@floridaeyes.org)**.

The Florida Optometric Association is an equal opportunity employer.

### Senior Manager Speciality Clinics



The Victorian College of Optometry is a not-for-profit membership based organisation based in Melbourne, Australia. Its broad mission is to lead and advance the science, education and practice of optometry. It operates publicly funded optometry services in metropolitan Melbourne and the Victorian Eyecare Service in rural Victoria.

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on + 613 9349 7440 for further information.

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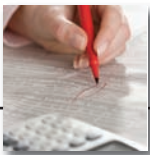
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**Danville VA,** Large practice needs associate/partner. Email resume with cover letter to [drmbbauman@comcast.net](mailto:drmbbauman@comcast.net)

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Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact [www.vosh.org](http://www.vosh.org) with any questions or email [jaforrey@comcast.net](mailto:jaforrey@comcast.net) and [voshinternational@comcast.net](mailto:voshinternational@comcast.net).

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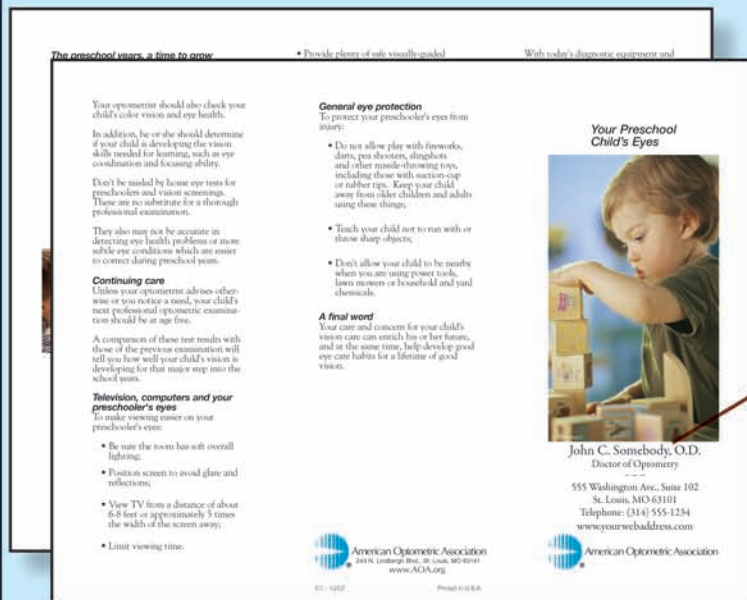


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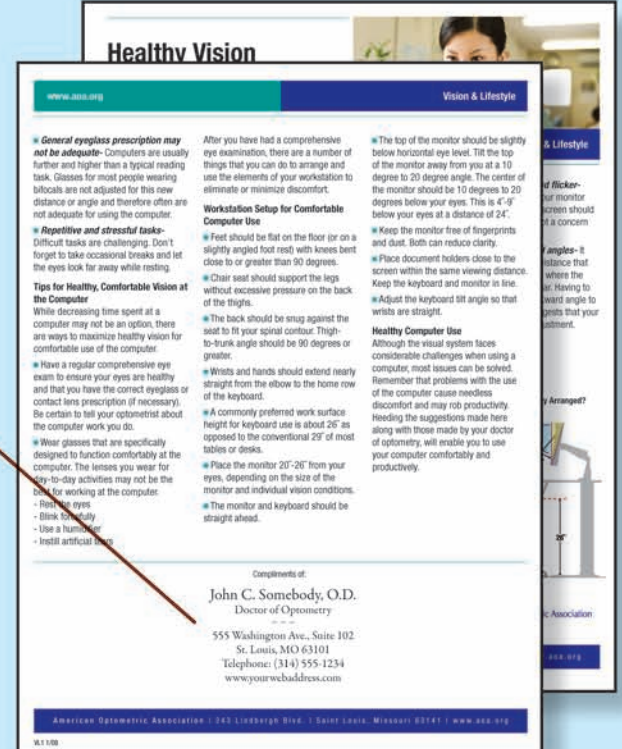
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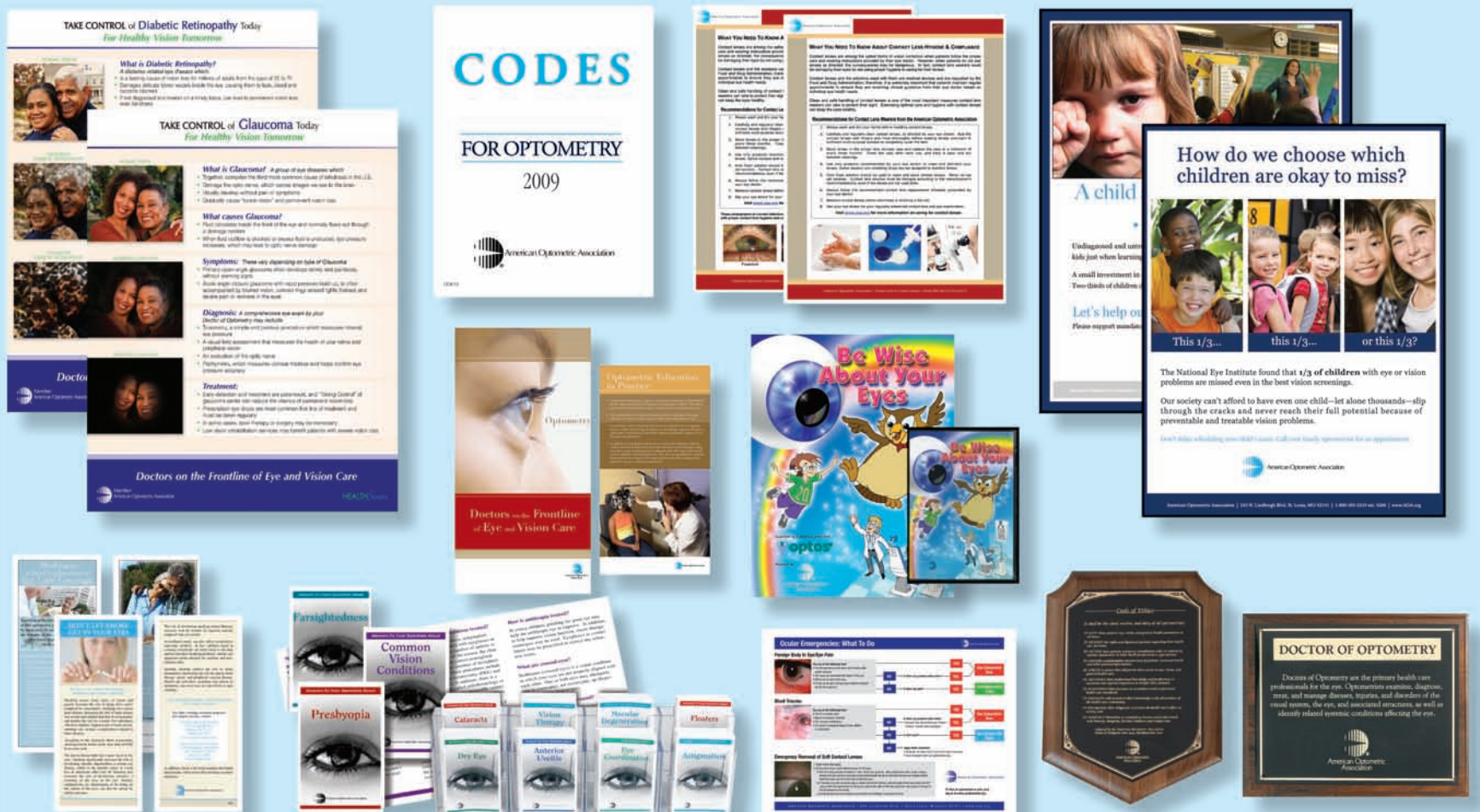
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